

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** Oxygen Providers  
Inhalation/Respiratory Therapists  
Pharmacists  
Home Health Agencies  
Managed Care Plans

**Memorandum No.: 04-33 MAA**  
**Issued:** July 1, 2004

**For Information Contact**  
**Toll Free:** 1-800-562-6188

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration

**Supersedes:** # Memo 03-51 MAA

**Subject: Oxygen and Respiratory Therapy Program: Fee Schedule Changes**

**Effective for dates of service on and after July 1, 2004**, the Medical Assistance Administration (MAA) has revised the fee schedule in MAA's Oxygen and Respiratory Therapy Billing Instructions, dated September 2001, to match Medicare's 2004 fees. The new fee schedule is attached to this memorandum.

### **What has changed?**

The reimbursement rates for oxygen and respiratory equipment and services have changed. In addition to rate changes, MAA made the following policy changes:

- MAA no longer reimburses providers for HCPCS code A7008 (prefilled large volume nebulizer). Bill HCPCS code A7007 in combination with HCPCS code E1399 with expedited prior authorization (EPA) number 870000928.
- MAA will reimburse providers for HCPCS code A4609 (Tracheal suction catheter, closed system, for less than 72 hours of use).

Attached are replacement pages H.1-H.26 for MAA's Oxygen and Respiratory Therapy Billing Instructions, dated October 2003, reflecting the above mentioned changes. To obtain MAA's provider numbered memoranda and billing instructions, go to MAA's website at <http://maa.dshs.wa.gov> and click on either the Billing Instructions/Numbered Memoranda or Provider Publications/Fee Schedules link). Bill MAA your usual and customary charges.

**Send reimbursement issues, questions, or comments to:**

DME Manager  
Professional Reimbursement Section  
Division of Business and Finance  
PO Box 45510  
Olympia, Washington 98504-5510  
(360) 725-1845  
Fax # (360) 753-9152

**Send authorization issues, questions, or comments to:**

Oxygen and Respiratory Program Manager  
Medical Assistance Administration  
Division of Medical Management  
PO Box 45506  
Olympia Washington 98504-5506  
(360) 725-1577  
Fax # (360) 586-1471



# Fee Schedule

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## Notes About the Fee Schedule

**Procedure code description:** The description of each procedure code will tell you if:

- A modifier is required.
- A limit applies.
- An item/service is bundled/unbundled.



**Note:** New HCPCS codes are designated with a “new” icon next to the code. Those HCPCS codes with a “#” symbol in the maximum allowable Rental or Purchase columns are not covered by MAA.

**Maximum Allowance:** The *RENTAL* and *PURCHASE* columns indicate the maximum dollar amount or percentage of billed amount payable by MAA. Rentals are calculated on a monthly basis unless otherwise indicated. In those instances where rental is required prior to purchase, the rental price is applied towards the purchase price.

**Modifiers:** **You must use the appropriate modifier with the procedure code when indicated:**

Equipment Rental -	Use modifier "RR"
Equipment Purchase -	Use modifier "NU" (eff. 10/03)
Six Month Maintenance Fee -	Use modifier “MS” (for Ventilators and CPAPs only)
Second Ventilator (Backup) -	Use modifier “U2” (eff. 7/1/03)

**Do Not Bill With:** **Any procedure code listed in the “Do Not Bill With” column of the fee schedule is AT NO TIME allowed in combination with the primary code located in the “Procedure Code” column.**

Bill MAA your usual and customary fee (the fee you bill the general public). MAA’s payment will be either your usual and customary fee or MAA’s maximum allowable rate--whichever is lower.

## Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/04 Rental	7/1/04 Purchase
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*\*\*HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by MAA.*

### Apnea Monitor and Supplies

Apnea monitor, without recording feature.	<b>E0618</b>		#	#
Apnea monitor, with recording feature. <b>Maximum of six months rental allowed.</b> <b>Modifier RR required.</b>	<b>E0619</b>		<b>\$280.35</b>	
Electrodes (e.g., Apnea monitor), per pair. <b>Purchase only. Modifier NU required.</b> <b>For use only when client is unable to tolerate carbon patch electrodes.</b> <b>Limit: 15 per month.</b>	<b>A4556</b>	<b>A4558</b>		<b>\$10.32</b>
Lead Wires, e.g. apnea monitor per pair	<b>A4557</b>		#	#
Conductive paste or gel. <b>Purchase only.</b> <b>Modifier NU required.</b>	<b>A4558</b>	<b>A4556</b>		<b>5.45</b>
Apnea belt kit (includes 2 belts, 4 electrodes, and 4 lead wires). Purchase only. Modifier NU required. Limit: 2 per month.	<b>E1399</b> <b>w/EPA</b> <b>#870000904</b>			<b>25.92</b>

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## Oxygen and Respiratory Therapy Program

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### Continuous Positive Airway Pressure System (CPAP)

Continuous airway pressure (CPAP) device.* <ul style="list-style-type: none"> <li>• <b>Requires results of sleep study performed in an MAA-approved sleep center.</b></li> <li>• <b>Limit: 1 unit per month, maximum of 2 months rental.</b></li> <li>• <b>Purchase required after 2 months rental. Client compliance and effectiveness must be documented prior to purchase.</b></li> <li>• <b>Modifier RR or NU required.</b></li> </ul>	<b>E0601</b>	<b>E0470 E0471 E0472</b>	<b>\$111.71</b>	<b>\$1117.10</b>
Full face mask, used with positive airway pressure device, each.	<b>A7030</b>		#	#
Face mask interface, replacement for full face mask, each.	<b>A7031</b>		#	#
Replacement cushion for nasal application device, each. <b>Limit: 2 per year.</b>	<b>A7032</b>	<b>A7034</b>		<b>40.53</b>
Replacement pillows for nasal application device, pair. <b>Limit: 2 per year.</b>	<b>A7033</b>	<b>A7034</b>		<b>28.41</b>
Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap. <b>Limit: 2 per year.</b>	<b>A7034</b>	<b>A7032 A7033</b>		<b>117.64</b>
Headgear used with positive airway pressure device. <b>Limit: 2 per year.</b>	<b>A7035</b>			<b>39.75</b>
Chinstrap used with positive airway pressure device. <b>Limit: 2 per year</b>	<b>A7036</b>			<b>18.20</b>
Tubing used with positive airway pressure device. <b>Limit: 2 per year</b>	<b>A7037</b>	<b>A7010</b>		<b>41.02</b>
Filter, disposable, used with positive airway pressure device. <b>Limit: 2 per month</b>	<b>A7038</b>			<b>5.39</b>

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### Continuous Positive Airway Pressure System (CPAP) (cont.)

Filter, nondisposable, used with positive airway pressure device. <b>Limit: 2 per year.</b>	<b>A7039</b>			<b>\$15.33</b>
Oral interface, used with positive airway pressure device, each.	<b>A7044</b>		#	#
Water chamber for humidifier, used with positive airway pressure device, replacement, each. <b>Limited to 2 per year.</b>	<b>A7046</b>			<b>19.51</b>
Humidifier, nonheated, used with positive airway pressure device.* (Must be adaptable to heated system e.g., cold starter kit. Must have trial of non-heated if pressure (cwp) is less than 12.) <b>Purchase only.</b> <b>Limit: 1 per year.</b> <b>Modifier NU required.</b>	<b>E0561</b>	<b>E0562</b>		<b>107.00</b>
Humidifier, heated, used with positive airway pressure device. (Allowed when a pressure (cwp) of greater than or equal to 12 is medically necessary. Prior authorization is required when the cwp is less than 12.) <b>Purchase only.</b> <b>Limit: 1 per 3 years.</b> <b>Modifier NU required</b>	<b>E0562</b>	<b>E0561</b>		<b>301.22</b>
Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (ie:BiPAP S).* <ul style="list-style-type: none"> <li>Requires results of sleep study performed in an MAA-approved sleep center when prescribed for sleep apnea.</li> <li>Purchase required after maximum of 2 months rental. Client compliance and effectiveness must be documented prior to purchase.</li> <li>Limit: 1 purchase per lifetime</li> <li>Modifier RR or NU required.</li> </ul>	<b>E0470</b>	<b>E0601</b>	<b>\$256.60</b>	<b>\$2,566.00</b>

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## Oxygen and Respiratory Therapy Program

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### IPPB Machines and Accessories

IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source. (Includes mouthpiece and tubing.) <b>Rental only.</b> <b>Modifier RR required.</b>	<b>E0500</b>	<b>E0570</b>	<b>\$93.30</b>	
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### Nebulizers and Accessories

\*MAA now allows providers to bill for the rental of nebulizers when there is an expectation that the client will only need a nebulizer for short-term use. If, after 2 months of rental, the client still requires the use of a nebulizer, then the rental must be converted to purchase.

Compressor, air power source for equipment which is not self-contained or cylinder driven. <b>Rental only.</b> <b>Only the following accessories may be billed with this code: A4619, A7525, E1399 w/EPA #870000903, A7006, A7007, A7010-A7012, A7014, and A7015.</b> <b>Modifier RR required.</b>	<b>E0565</b>		<b>51.86</b>	
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### Nebulizers and Accessories (cont.)

Nebulizer, with compressor. <ul style="list-style-type: none"> <li>Only the following accessories may be billed with this code: A7525 or A7015, A7003-A7006, A7013.</li> <li>When AC/DC adapter is available for use with equipment provided, the adapter is considered included in nebulizer reimbursement.</li> <li>Reimbursement includes delivery and instruction on the proper use and cleaning of the equipment.</li> <li>Rental allowed for clients with expected short-term use, e.g., acute vs. chronic condition. Purchase required after 2 months of rental.</li> <li>Limit: 1 per client, per 5 years.</li> <li>Modifier RR or NU required.</li> <li>See Expedited Prior Authorization (EPA) Section for clients not meeting Medicare diagnosis criteria.</li> </ul>	E0570	E0500	\$19.73*	\$197.30
Aerosol compressor, battery powered, for use with small volume nebulizer.	E0571		#	#
Aerosol compressor, adjustable pressure, light duty for intermittent use.	E0572		#	#
Ultrasonic/electronic aerosol generator with small volume nebulizer.	E0574		#	#
Nebulizer, ultrasonic, large volume.	E0575		#	#
Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter.	E0580		#	#
Nebulizer, with compressor and heater.	E0585		#	#

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### Nebulizers and Accessories (cont.)

Administration set, with small volume non-filtered pneumatic nebulizer, disposable. <b>May only be used as a backup to A7005</b> <b>Purchase only.</b> <b>Limit: 1 per client, per month.</b> <b>Modifier NU required.</b>	<b>A7003</b>	<b>A7004</b>		<b>\$2.74</b>
Small volume nonfiltered pneumatic nebulizer, disposable. <b>Purchase only.</b> <b>Limit: 3 per client, per month.</b> <b>Modifier NU required.</b>	<b>A7004</b>	<b>A7003</b> <b>A7005</b>		<b>1.80</b>
Administration set, with small volume non-filtered pneumatic nebulizer, non-disposable. <b>Purchase only.</b> <b>Limit: 1 per client, per 6 months.</b> <b>Modifier NU required.</b>	<b>A7005</b>	<b>A7004</b>		<b>30.83</b>
Administration set, with small volume filtered pneumatic nebulizer. <b>Purchase only.</b> <b>Limit: 1 per client, per month.</b> <b>Modifier NU required.</b> <b>For Pentamidine administration only.</b>	<b>A7006</b>			<b>9.54</b>
Large volume nebulizer, disposable, unfilled, used with aerosol compressor. <b>Limit: 10 per client per month.</b>	<b>A7007</b>			<b>4.61</b>
<del>Large volume nebulizer, disposable, prefilled, used with aerosol compressor.</del> <i>Discontinued with dates of service on and after July 1, 2004. Bill HCPCS code A7007 in combination with HCPCS code E1399 with EPA number 870000928.</i>	<del><b>A7008</b></del>			<del><b>11.00</b></del>
Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer.	<b>A7009</b>		<b>#</b>	<b>#</b>

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### Nebulizers and Accessories (cont.)

Corrugated tubing, disposable, used with large volume nebulizer, 100 feet. <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 1 per client, per month.</b>	<b>A7010</b>	<b>A7037</b>		<b>\$23.59</b>
Corrugated tubing, nondisposable, used with large volume nebulizer, 10 feet. <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 1 per client, per year.</b>	<b>A7011</b>			<b>1.51</b>
Water collection device, used with large volume nebulizer. (e.g., aerosol drainage bag) <b>Only paid in conjunction with E0565.</b> <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 8 per client, per month.</b>	<b>A7012</b>			<b>3.78</b>
Filter, disposable, used with aerosol compressor. <b>Only when using E0570.</b> <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 2 per client, per month.</b>	<b>A7013</b>	<b>A7014</b>		<b>0.83</b>
Filter, non-disposable, used with aerosol compressor or ultrasonic generator. <b>Only when using E0565. Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 1 per client, per 3 months.</b>	<b>A7014</b>	<b>A7013</b>		<b>4.49</b>
Aerosol mask, used with DME nebulizer. <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 3 per client, per month.</b>	<b>A7015</b>			<b>1.88</b>
Face tent. <b>Purchase only.</b> <b>Limit: 3 allowed per client, per month.</b> <b>Modifier NU required.</b>	<b>A4619</b>	<b>E1390</b>		<b>1.21</b>
Dome and mouth piece, used with small volume ultrasonic nebulizer.	<b>A7016</b>		#	#
Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen.	<b>A7017</b>		#	#

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### Nebulizers and Accessories (cont.)

Water, distilled, used with large volume nebulizer, 1000ml	A7018	E1399 w/EPA #870000928		\$.38
"Fish" 3-5cc saline vials. <b>Limit: 200 per client, per month.</b>	E1399 w/EPA #870000901			.23

### Oxygen and Oxygen Equipment

Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing. <b>Monthly rental only.</b> <b>Limit: 1 per month.</b> <b>Modifier RR required.</b>	E0424	A4615- A4620, E0439, E0441- E0444, E0550, E1390	\$194.48	
Stationary compressed gas system, purchase: includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing.	E0425		#	#
Portable gaseous oxygen system, purchase; include regulator, flow meter, humidifier, cannula or mask, and tubing.	E0430		#	#
Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing. <b>Monthly rental only.</b> <b>Limit: 1 per month.</b> <b>Modifier RR required.</b>	E0431	A4615- A4620, E0434, E0441- E0444, E0550	35.97	

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### Oxygen and Oxygen Equipment (cont.)

Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adapter, contents gauge, cannula or mask and tubing. <b>Monthly rental only.</b> <b>Limit: 1 per month.</b> <b>Modifier RR required.</b>	<b>E0434</b>	<b>A4615- A4620, E0431, E0441- E0444, E0550</b>	<b>\$35.97</b>	
Portable liquid oxygen system, purchase: includes portable container, supply reservoir, humidifier, flowmeter, contents gauge, cannula or mask, tubing, and refill adapter.	<b>E0435</b>		#	#
Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing. <b>Monthly rental only.</b> <b>Limit: 1 per month.</b> <b>Modifier RR required.</b>	<b>E0439</b>	<b>A4615- A4620, E0424, E0441- E0443, E0550, E1390</b>	<b>194.48</b>	
Stationary liquid oxygen system, purchase; includes use of reservoir, contains indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing.	<b>E0440</b>		#	#
Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned). One month's supply equals one unit. <b>This is a monthly fee.</b> <b>Limit: 1 per month.</b>	<b>E0441</b>	<b>E0424, E0431, E0434, E0439, E0442, E0443, E0444, E0550, E1390</b>		<b>\$154.27</b>

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## Oxygen and Respiratory Therapy Program

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### Oxygen and Oxygen Equipment (cont.)

Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned). One month's supply equals one unit. <b>This is a monthly fee.</b> <b>Limit: 1 per month.</b>	<b>E0442</b>	<b>E0424, E0431, E0434, E0439, E0441, E0443, E0444, E1390</b>		<b>\$154.27</b>
Portable oxygen contents, gaseous (for use only with portable gaseous system when no stationary gas or liquid system is used). One month's supply equals one unit. <b>This is a monthly fee.</b> <b>Limit: 1 per month.</b>	<b>E0443</b>	<b>E0424, E0431, E0434, E0439, E0441, E0442, E0444</b>		<b>21.41</b>
Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used). One month's supply equals one unit. <b>This is a monthly fee.</b> <b>Limit: 1 per month.</b>	<b>E0444</b>	<b>E0424, E0431, E0434, E0439, E0441- E0443</b>		<b>21.41</b>
Regulator	<b>E1453</b>		#	#
Stand/rack	<b>E1355</b>		#	#
Immersion external heater for nebulizer	<b>E1372</b>		#	#
Oxygen tent, excluding croup or pediatric tents.	<b>E0455</b>		#	#
Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate. Monthly rental only. Limit: 1 per month. Modifier RR required. (Rental includes: humidifier, if needed, cannula or mask and tubing.)	<b>E1390</b>	<b>A4620, E0424, E0439, E0441, E0442, E0550</b>	<b>\$194.48</b>	

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### Oxygen and Oxygen Equipment (cont.)

Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	<b>E1391</b>		#	#
Oxygen and water vapor enriching system with heated delivery.	<b>E1405</b>		#	#
Oxygen and water vapor enriching system without heated delivery.	<b>E1406</b>		#	#

### Professional Services

Respiratory therapy home visit: subsequent, includes oximetry services.	<b>94760 w/EPA #870000916</b>	<b>94656 w/EPA #870000915</b>		<b>\$31.03</b>
Ventilator therapy initial home visit, patient intake and evaluation. <b>Allowed one time per provider, per client.</b>	<b>94656 w/EPA #870000915</b>	<b>94760 w/EPA #870000916</b>		<b>51.56</b>
Pneumocardiogram or polysomnogram ( <b>one year of age and under</b> ) service; with recording equipment. <b>Not to be used on a routine basis. Use only when medically indicated.</b>	<b>94772 w/EPA #870000917</b>			<b>155.18</b>

### Suction Pump/Supplies

Tracheal suction catheter, closed system, for less than 72 hours of use, each. <b>Limit 1 per day.</b>	<b>A4609</b>	<b>A4624</b>		<b>14.30</b>
Tracheal suction catheter, closed system, for 72 or more hours of use, each.	<b>A4610</b>		#	#
Tracheal suction catheter, any type, other than closed system, each. <b>Purchase only. Limit: 150 per month for clients age 8 and older, 300 per month for clients under age 8. Modifier NU required.</b>	<b>A4624</b>	<b>A4609</b>		<b>2.63</b>

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### Suction Pump/Supplies (cont.)

Oropharyngeal suction catheter, each (Yankauer). <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 4 per month.</b>	<b>A4628</b>			<b>\$3.65</b>
Canister, disposable, used with suction pump, each. <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 5 per month for portable pump. 5 per month for stationary pump.</b>	<b>A7000</b>	<b>A7001</b>		<b>9.54</b>
Canister, non-disposable, used with suction pump, each. <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 1 per year.</b>	<b>A7001</b>	<b>A7000</b>		<b>33.08</b>
Tubing, used with suction pump, each. <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 15 per month.</b>	<b>A7002</b>			<b>3.83</b>
Respiratory suction pump, home model, portable or stationary, electric. <b>Modifier RR or NU.</b> <b>Limit: 2 in 5 years, one for use in the home and one for back-up or portability.</b> <b>Deemed purchased after 12 months rental.</b> MAA allows payment for suction supplies, (e.g., gloves and sterile water) when billed by Durable Medical Equipment (DME) providers and pharmacists. See Important Contacts section.	<b>E0600</b>		<b>\$45.79</b>	<b>457.90</b>

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Description	HCPCS Code	Do Not Bill With	7/1/04 Rental	7/1/04 Purchase
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*\*\*HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by MAA.*

### Tracheostomy Care Supplies

Transtracheal oxygen catheter, each	A4608		#	#
Tracheostomy, inner cannula (replacement only). <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 1 per client per month.</b>	A4623			\$6.55
Tracheostomy care kit for new tracheostomy (includes: basin or tray, trach dressing, gauze sponges, pipe cleaners, cleaning brush, cotton tipped applicators, twill tape, drape, and sterile gloves.) <b>Limit: 1 per client per day.</b> <b>Use this code for first 2 weeks only, then use A4629.</b> <b>Purchase only.</b> <b>Modifier NU required.</b>	A4625	A4626, A4629		6.52
Tracheostomy cleaning brush, each. <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 1 per day.</b>	A4626	A4625, A4629		3.19
Tracheostomy care kit for established tracheostomy (includes: basin or tray, trach dressing, gauze sponges, pipe cleaners, cleaning brush, cotton tipped applicators, twill tape, drape, and sterile gloves.) <b>Limit: 1 per client per day.</b> <b>Use after the first 2 weeks.</b> <b>Purchase only.</b> <b>Modifier NU required.</b>	A4629	A4625, A4626		4.61
Tracheostoma valve, including diaphragm, each	A7501		#	#

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## Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/04 Rental	7/1/04 Purchase
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*\*\*HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by MAA.*

### Tracheostomy Care Supplies (cont.)

Replacement diaphragm/faceplate for tracheostoma valve, each	<b>A7502</b>		#	#
Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each.	<b>A7503</b>		#	#
Filter for use in a tracheostoma heat and moisture exchange system, each.	<b>A7504</b>		#	#
Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each.	<b>A7505</b>		#	#
Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type, each.	<b>A7506</b>		#	#
Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each.	<b>A7507</b>		#	#
Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each.	<b>A7508</b>		#	#
Filter holder and integrated filter housing, and adhesive, for use as tracheostoma heat and moisture exchange system, each. (Condenser, disposable e.g., artificial nose.) <b>Limit: 1 per day for clients age 8 and older.</b> <b>Limit: 3 per day for clients under age 8.</b> <b>Purchase only.</b> <b>Modifier NU required.</b>	<b>A7509</b>			<b>\$3.38</b>
Tracheostomy/ laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each. <b>Limit per client per month: 1 if removable inner cannula or 4 per month if no removable inner cannula.</b>	<b>A7520</b>			<b>47.48</b>

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## Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/04 Rental	7/1/04 Purchase
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*\*\*HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by MAA.*

### Tracheostomy Care Supplies (cont.)

Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each. <b>Limit per client per month: 1 if removable inner cannula or 4 per month if no removable inner cannula.</b>	<b>A7521</b>			<b>\$47.05</b>
Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each. <b>Limit per client per month: 1 if removable inner cannula or 4 per month if no removable inner cannula.</b>	<b>A7522</b>			<b>45.16</b>
Tracheostomy shower protector, each	<b>A7523</b>		#	#
Tracheostoma stent/stud/button, each	<b>A7524</b>		#	#
Tracheostomy mask, each <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 4 per month.</b>	<b>A7525</b>			<b>2.07</b>
Tracheostomy tube collar/holder, each. <b>Limit: 15 per client per month.</b>	<b>A7526</b>			<b>3.37</b>
Tracheostomy speaking valve <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 2 per year.</b>	<b>L8501</b>			<b>96.88</b>

### Ventilators and Related Respiratory Equipment

Volume ventilator, stationary or portable, with backup rate feature, used with invasive interface (e.g., tracheostomy tube). (Payment includes all necessary accessories, fittings and tubing.)* <b>Rental only.</b> <b>Modifier RR required.</b>	<b>E0450</b>	<b>A4611- A4613, A4616- A4618, E0460, E0461, E0550, E0471, E0472</b>	<b>\$811.34</b>	
Pressure ventilator, with pressure control, pressure support and flow triggering features.	<b>E0454</b>		#	#

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## Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/04 Rental	7/1/04 Purchase
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### Ventilators and Related Respiratory Equipment (cont.)

Respiratory assist device, bi-level pressure capability, with backup rate feature, used with <b>noninvasive</b> interface, e.g., nasal or facial mask. (Intermittent assist device with continuous positive airway pressure device). (Payment includes all necessary accessories, fittings and tubing.)* <b>Rental only.</b> <b>Modifier RR required.</b>	<b>E0471</b>	A4611- A4613, A4616- A4618, E0450, E0460, E0461, E0472, E0550	<b>\$642.17</b>	
Respiratory assist device, bi-level pressure capability, with backup rate feature, used with <b>invasive</b> interface, e.g., tracheostomy tube. (Intermittent assist device with continuous positive airway pressure device). <b>Rental only.</b> <b>Modifier RR required.</b>	<b>E0472</b>	A4611- A4613, A4616- A4618, E0450, E0460, E0461, E0471, E0550	<b>642.17</b>	
Negative pressure ventilator; portable or stationary. (Payment includes all necessary accessories, fittings, and tubing.)* <b>Rental only.</b> <b>Modifier RR required.</b>	<b>E0460</b>	A4611- A4613, A4616- A4618, E0450, E0461, E0550, E0471, E0472	<b>733.57</b>	
Volume ventilator, stationary or portable, with backup rate feature, used with non-invasive interface. <b>Rental only.</b> <b>Modifier RR required.</b>	<b>E0461</b>	A4611- A4613, A4616- A4618, E0450, E0460, E0550, E0471, E0472	<b>1,002.05</b>	

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## Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/04 Rental	7/1/04 Purchase
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### Ventilators and Related Respiratory Equipment (cont.)

Humidifier heater, with temperature monitor and alarm. (Limited to clients that are mechanically ventilated or clients that have tracheostomies and require heated humidification). <b>Rental only. Modifier RR required.</b>	<b>E1399 w/EPA #870000903</b>	<b>E0550</b>	<b>\$181.57</b>	
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**\*For owned ventilators and CPAPs** – Use modifier “MS” when claiming a six-month maintenance check. Limit of one per six months allowed. Maintenance checks are paid at 50% of the rental rate. **Modifier “U2” required when claiming a secondary “backup” ventilator for the same client.**

### Miscellaneous

Tape, non-water-proof, per 18 square inches.	<b>A4450</b>			<b>\$.09</b>
Tape, waterproof, per 18 square inches.	<b>A4452</b>			<b>.36</b>
Peak expiratory flow rate meter, hand held. <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 3 per client, per year.</b>	<b>A4614</b>			<b>23.78</b>
Oximeter device for measuring blood oxygen levels non-invasively. (Complete with all necessary accessories and supplies except probes.) <b>Rental only; price per month.</b> <b>Modifier RR required.</b>	<b>E0445</b>		<b>132.72</b>	
Oximeter probe/sensor, disposable. <b>Purchase only. Modifier NU required.</b> <b>Limit: 4 per month.</b>	<b>E1399 w/EPA #870000907</b>	<b>A4606</b>		<b>26.00</b>
Oxygen probe for use with oximeter device, replacement. <b>Non-disposable. Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 1 per client per month.</b>	<b>A4606</b>	<b>E1399 w/EPA #870000907</b>		<b>179.46</b>

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## Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/04 Rental	7/1/04 Purchase
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### Miscellaneous (cont.)

Resuscitator bag; non-disposable, adult/pediatric size. <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 2 per client, per lifetime.</b>	<b>E1399 w/EPA #870000910</b>	<b>E1399 w/EPA #870000909</b>		<b>\$134.11</b>
Resuscitator bag; disposable, adult/pediatric size. <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 2 per client, per lifetime.</b>	<b>E1399 w/EPA #870000909</b>	<b>E1399 w/EPA #870000910</b>		<b>50.99</b>
Non-routine replacement parts for equipment repair. <b>For purchased equipment only.</b> <b>Must bill with statement of warranty coverage. See repair policy for documentation requirements.</b>	<b>E1399 w/EPA #870000908</b>			<b>B.R.</b>
Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes. <b>For purchased equipment only.</b> <b>Must bill actual repair cost and statement of warranty coverage, see repair policy.</b>	<b>E1340</b>			<b>17.43</b>
Durable medical equipment, miscellaneous <b>Prior authorization required. See "Miscellaneous Oxygen-related Durable Medical Equipment" in the Coverage section of these Billing Instructions before billing this code.</b>	<b>E1399</b>			<b>B.R.</b>
Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler (e.g., Aerovent). <b>Limit: 6 per child, per year; 3 per adult, per year.</b>	<b>A4627</b>			<b>23.70</b>
Flutter device. <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 2 per year.</b>	<b>S8185</b>			<b>42.40</b>
Swivel adaptor	<b>S8186</b>		#	#
Tracheostomy supply, not otherwise classified	<b>S8189</b>		#	#

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## Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/04 Rental	7/1/04 Purchase
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*\*\*HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by MAA.*

### Miscellaneous (cont.)

Electronic spirometer (for microspirometer)	<b>S8190</b>		#	#
Mucus trap	<b>S8210</b>		#	#
Percussor, electric or pneumatic, home model. <b>Purchase only. Modifier NU required. Limit: 1 per client, per lifetime.</b>	<b>E0480</b>			<b>\$439.40</b>
Intrapulmonary percussive ventilation system and related accessories.	<b>E0481</b>		#	#
Cough stimulating device, alternating positive and negative airway pressure. <b>Prior authorization required. Rental only, per month. Modifier RR required. Limit: 1 per client, per lifetime. Deemed purchased after twelve months of rental.</b>	<b>E0482</b>		<b>\$430.02</b>	
High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each. <b>Rental includes vest and generator, all repairs and replacements. Manufacturer will replace vest (during either rental or purchase period) for change in user's size. Modifier RR required. Prior authorization required. Limit: 1 per client, per lifetime. Deemed purchased after twelve months of rental.</b>	<b>E0483</b>		<b>1,063.13</b>	
Oscillatory positive expiratory pressure device, non-electric, any type, each.	<b>E0484</b>		#	#

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## Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/04 Rental	7/1/04 Purchase
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*\*\*HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by MAA.*

### Miscellaneous Equipment Reimbursed Only When Client Owns Core Equipment

Battery, heavy duty; replacement <b>for patient-owned ventilator.</b> (gel cell only) <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 1 per 2 years.</b>	A4611	E0450, E0460, E0471		\$125.24
Battery cables; replacement <b>for patient - owned ventilator.</b> <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit of 1 per 2 years.</b>	A4612	E0450, E0460, E0471		76.77
Battery charger; replacement <b>for patient - owned ventilator.</b> (gel cell only) <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit of 1 per 2 years.</b>	A4613	E0450, E0460, E0471		144.21
Cannula, nasal. <b>For client -owned equipment.</b> <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 2 per month.</b>	A4615	E0424, E0431, E0434, E0439		1.84
Tubing (oxygen), per foot. <b>For client - owned equipment.</b> <b>Purchase only.</b> <b>Modifier NU required.</b>	A4616	E0424, E0431, E0434, E0439, E1390, E0450, E0460, E0471		.09

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## Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/04 Rental	7/1/04 Purchase
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### Miscellaneous Equipment Reimbursed Only When Client Owns Core Equipment (cont.)

Mouthpiece. For client -owned equipment. Purchase only. Modifier NU required. Limit: 4 per month.	A4617	E0424, E0431, E0434, E0439, E0450, E0460, E1390, E0471		\$1.91
Breathing circuits. For use with client -owned equipment. Purchase only. Modifier NU required. Limit: 4 per month.	A4618	E0424, E0431, E0434, E0439, E0450, E0460, E1390, E0471		7.66
Variable concentration mask. For client-owned equipment. Purchase only. Modifier NU required. Limit: 4 per month.	A4620	E0424, E0431, E0434, E0439, E1390		2.58
Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery. Rental only. Modifier RR required. (Not billable when used with rented ventilator or rented oxygen equipment.) Only allowed for IPPB	E0550	A4615, E0424, E0431, E0434, E0439, E0441, E0450, E0460, E0471, E1390, E1399 w/EPA #870000903	\$42.61	

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## Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	7/1/04 Rental	7/1/04 Purchase
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### Miscellaneous Equipment Reimbursed Only When Client Owns Core Equipment (cont.)

Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flow meter.	<b>E0555</b>		#	#
Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery.	<b>E0560</b>		#	#

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## Expedited Prior Authorization Criteria:

### Oxygen Equipment and Supplies

Criteria	Last 3 digits	Billing Code	Do Not Bill With	Purchase
Use E0570 when billing for a Nebulizer when ALL of the following are true:  1) Diagnosis of acute bronchiolitis (466.1), OR acute bronchiolitis due to RSV (466.11), OR acute bronchitis (466.0); 2) Client has a definitive respiratory diagnosis requiring the administration of nebulized medications (MAA will not accept a diagnosis such as abnormal secretions); and 3) Diagnosis justifying the use of a nebulizer is on the claim.	<b>900</b>	<b>E0570</b>		<b>\$197.30</b>
Use E1399 when billing for “ <b>Fish</b> ” (3cc-5cc saline vials), each. <b>Limit: 200 per month.</b>	<b>901</b>	<b>E1399</b>		<b>.23</b>
Use E1399 when billing for <b>Humidifier heater, with temperature monitor and alarm</b> when all of the following are true:  1) Heated humidification is medically necessary; <b>and</b> 2) The client is either mechanically ventilated <b>or</b> has a tracheostomy.  <b>Per Month Rental only. Modifier RR required.</b>	<b>903</b>	<b>E1399</b>	<b>E0550</b>	<b>181.57</b>
Use E1399 when billing for <b>Apnea Belt Kit</b> (includes 2 belts, 4 electrodes, and 4 lead wires), each. <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 2 per month.</b>	<b>904</b>	<b>E1399</b>	<b>A4556, A4557</b>	<b>25.92</b>

## Oxygen and Respiratory Therapy Program

<b>Criteria</b>	<b>Last 3 digits</b>	<b>Billing Code</b>	<b>Do Not Bill With</b>	<b>Purchase</b>
Use E1399 when billing for <b>Oximeter probe\sensor, disposable, each.</b> Purchase only. Modifier NU required. <b>Limit: 4 per client per month.</b>	<b>907</b>	<b>E1399</b>		<b>\$26.00</b>
Use E1399 when billing for <b>Non-routine replacement parts</b> for equipment repairs when all of the following are true:  1) Equipment is owned by the client; 2) Warranty for both equipment and parts has expired; and 3) There is no evidence of malicious damage, culpable neglect or wrongful disposition of equipment.  Documentation of above information is in the client's record.	<b>908</b>	<b>E1399</b>		<b>BR</b>
Resuscitator bag, disposable, each	<b>909</b>	<b>E1399</b>		<b>50.99</b>
Resuscitator bag, non disposable	<b>910</b>	<b>E1399</b>		<b>134.11</b>
Sterile water or sterile saline. 1000 ml, used with large volume nebulizer. <b>Limit: 50 per client, per month</b>	<b>928</b>	<b>E1399</b>		<b>2.74</b>

**Professional Services Performed by Washington State Licensed Professionals Operating Within the Scope of Their Practice**

Reimbursement includes cost of taking equipment into a client's home.

Criteria	Last 3 digits	Billing Code	Do Not Bill With	Purchase
<b>Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; first day – (when the visit includes, at a minimum all of the following):</b> <ol style="list-style-type: none"> <li>1) Evaluation of Access;</li> <li>2) Identification Emergency exits;</li> <li>3) Verification of proper electrical grounding;</li> <li>4) Identification of functioning communication devices;</li> <li>5) Identification of adequate lighting;</li> <li>6) Preparation or evaluation of emergency plans;</li> <li>7) Notification of emergency services and electricity providers; and</li> <li>8) Documentation of above activities and findings.</li> </ol> <b>Must be performed by professional staff. Limit: 1 per client per lifetime.</b>	915	94656		\$51.56
Noninvasive ear or pulse oximetry for oxygen saturation; single determination. <b>Limit: 1 per 6 months (or 2 per year).</b>	916	94760		31.03
Circadian respiratory pattern recording (pediatric pneumogram), 12 to 24 hour continuous recording, infant. (Not to be used on a routine basis. Use only when medically necessary.)	917	94772		155.18